

LOUISE S. GLASSO, CMC
City Clerk



CYNTHIA A. DELPIANO
Deputy City Clerk

OFFICE OF THE CITY CLERK
ROME CITY HALL, 198 N. WASHINGTON STREET
ROME, NEW YORK 13440-5815
Telephone: (315) 339-7659 Fax: (315) 838-1160
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Application for Coin Operated Amusement Device License

1. Name of Applicant: _____
2. Address of Applicant: _____
3. Is this an original or renewal application? _____
4. Address and type of business _____
5. Is this location within 500 feet of a public or private school? _____
6. Type and name of device _____
- Manufacturer's serial number _____
7. Name and address of manufacturer _____
- 7-A. Do you (Applicant) own the Device? _____. If no, answer #8.
8. Name and address of owner(s). _____
9. Can this device be used or operated for gambling purposes? _____
10. Have you ever been convicted of a crime? _____
(if yes explain) _____

11. I, THE UNDERSIGNED, do hereby affirm that all of the above answers are correct and that I am the owner or operator of the amusement device covered by this application.

Signature

Sworn to before me this ____ Day of _____ 200__

Notary Public, Oneida County/Commissioner of Deeds

POLICE DEPARTMENT VERIFICATION

The references and credentials of the individual have been checked and
APPROVED/DISAPPROVED by the Rome Police Department

Dated: _____

Printed Name & Title

CITY CLERK LICENSE INFORMATION

Fee Paid \$ _____

License Number _____

Date License Issued: _____

Date License Expires: _____

Date: _____

City Clerk Signature